

PLUMAS DISTRICT HOSPITAL VOLUNTEERS
HEALTH-RELATED CAREER
SCHOLARSHIP APPLICATION

Please complete the enclosed application and mail to:

Plumas District Hospital Volunteers
Attn: Helen Ettinger, Scholarship Chairman
P.O. Box 651
Quincy, CA 95971

REQUIREMENTS

1. Applicant must be a resident or graduate of a high school within the Plumas Hospital District.
2. Applicant must have completed a minimum of one year of academic studies in a health related program or one year of employment in a health related program.
3. Transcripts or a Work Experience Resume must accompany application with verification of grade point average in the last two years of school.
4. A current personal letter of recommendation (signed and dated within the past six months) from a High School or College counselor or instructor. In case of a non-student, a personal letter of recommendation is required from a current health related employer.
5. Financial need of applicant may be considered in final selection of qualified candidates.
6. **To be considered, this application must be completed, signed, dated and returned to the address listed above postmarked no later than April 16, 2012.**

DISTRIBUTION:

Scholarship money will be distributed upon verification of registration in the school of recipient's choosing: one half of scholarship award will be issued at the beginning of the school year and one half will be issued upon verification of registration for second half of school year.

IRS REQUIREMENTS:

Scholarship funds can only be used for tuition, fees, books, supplies, or equipment.

FOR YOUR INFORMATION:

1. Applications are available February 15, 2012
2. Recipient will be notified by mail no later than May 16th.
3. Presentation of Scholarship Certificates will be made at the June meeting of the Plumas District Hospital Volunteers.
4. If you should have any questions, please contact the Scholarship Chairman, Helen Ettinger at 283-3621.

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Application is to be typed and/or created on your computer.

A. Student and Family information:

Name _____

Mailing Address _____ City _____

Physical Address _____ City _____

Telephone _____

Parent/Guardian _____

Address _____ City _____

B. Are you now enrolled in or planning a specific health-related career? Please describe your goals and plans.

C. List High School, Colleges and health related employment:

<u>School/Employer</u>	<u>Dates Attended</u>	<u>GPA</u>
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D. List and describe your Extra-Curricular and community service activities. Please include dates.

E. Please write a short biography giving pertinent information about school courses and interests, personal experiences and significant others who have directed you toward a health-related career.

F. Annual anticipated cost of college:

Name of college _____

Tuition & Fees _____

Books & Supplies _____

Room, Board, Transportation _____

G. What monetary scholarships and/or awards are you currently receiving?

H. Are you currently applying for financial aid through other sources?

Note: The California student financial aid department defines financial need as the difference between what it costs to attend a particular college and what you and your family can contribute.

I. Household information, if applicable:

Total number of family members in the household_____

Number of family members presently in college _____

J. Your application must be signed, dated and returned by Monday, April 16, 2012 to:

Helen Ettinger, Scholarship Chairman
P.O. Box 651
Quincy CA 95971

Signature of applicant

Date